

The Elderly and Disabled in Hawaii

Ah Quon McElrath

Any discussion on death and dying must take place within the context of Hawaii's multi-ethnic and multi-cultural environment as well as other factors such as pertinent laws, the nature of the population, economic well-being and its effects on housing, health care, leisure activities, availability of services, and the cost of taking care of the aged and disabled.

The following information provides the background against which articles in this very special issue on Death with Dignity can be given added meaning and urgency.

Population

Approximately 1.2 million of which 56% are born in Hawaii, 26% on the mainland, and 18% are foreign born.

Ethnicity

24.1% Caucasian; 20.4% Japanese; 18.8% Hawaiian and part Hawaiian; 4.7% Chinese; 11.4% Filipino; 1.1% Korean, 1.5% Black; 0.6% Puerto Rican/Samoan; 17.5% mixed non-Hawaiian.

Age

12% 65 years and older, of which 52.5% are female; projected to increase to 17% by year 2020, when baby boomers begin reaching 65 by year 2011 and when the elderly will be fasted growing segment of population.

Immigration to Hawaii accentuates the Asian-Pacific influence that pervades the state's culture. Since the Immigration & Nationality Act of 1965 with its amendments is based primarily on the philosophy of family reunification, it is likely that Hawaii will continue to be the destination of future immigrants. Annually 6,500 to 8,500 new immigrants come to Hawaii.

- 7,746 immigrants in 1994 (latest available figure) from 11 countries, of which 3,258 were from the Philippines and 714 from the Peoples Republic of China.

Life Expectancy

- 75 years for males; 81 years for females; second only to Japan.

Income

Hawaii's aged and disabled individuals have income derived from government or private pensions; personal assets; Old Age; Survivors, & Disability Insurance ("OASDI," but more popularly known as Social Security); Supplemental Security Income (SSI-the need based money payment program for the aged, blind, and disabled); family contributions; and employment.

- 23% have no income or income under \$5,000
- 58% have income between \$5,000 and \$29,999
- 19% have income between \$30,000 and over \$50,000
- \$19,534 median income of older men not living alone
- \$16,228 median income for men living alone
- \$8,040 median income for older women not living alone

- 11,804 median income for women living alone
- 14% of older persons live below, at or 125% of the federal poverty level, which in 1996 was \$8,910 for a single person and \$11,920 for a couple.

At the end of December, 1994, over 10% of Hawaii's population received OASDI, or social security. Average monthly benefit was \$627.20 and covered retired and disabled workers with widowed spouses, parents, and children.

- 161,840 total number of beneficiaries
- 113,240 retired workers, with monthly benefits from less \$300 to \$1,100 or more
- 9,380 disabled workers, with monthly benefit from less than \$300 to \$1100 or more
- 14,300 nondisabled widowed spouses with monthly benefit from less than \$300 to \$1,100 or more
- 12,250 children, with 9,870 under age 18 and 160 students between 18-19

At the end of December, 1995, there were 18,731 individuals receiving supplemental security income. Eligibility is based on need and as of 1996, an individual could receive a maximum monthly payment of \$470, while a couple could receive \$705, with a small state supplementation.

- 7,552 aged with average monthly amount of \$318.58
- 159 blind with average monthly amount of \$430.31
- 11,020 disabled with average monthly amount of \$419.44

Food Stamps

A need-based program with less stringent eligibility requirements than those for Aid to Families with Dependent Children. The number of recipients is affected by economic conditions. In Hawaii the rolls have increased because of Hurricane Iniki, closure of sugar and pineapple plantations, and downsizing of other industries.

Value of stamps range from \$197 for an individual to \$1,193 for a family of eight.

- 131,049 beneficiaries in 58,886 households as of June, 1996.

Employment

Labor force of 592,700 as of June, 1996, of which 556,000 were employed. Unemployment rate of 6.2%. Twenty percent of employed in county, state, and federal governments.

The projection is that by 2020, there will be only two to three people of working age for every one person 65 years and over; in 1950 there were 13-1/2 persons of working age for that age group.

- 78.4% of Hawaii's elderly do not work
- 21.6% work less than half time to more than full time.

Housing

Although home ownership in Hawaii is not as high as that on the mainland, the percentage of renters among the elderly indicates they either own their own homes or live with relatives. Of the 20.6% of the elderly who rent, a large number have accommodations in government sponsored elderly housing.

Adult Residential Care Homes (ARCHs) provide accommodations for the elderly and disabled who are ambulatory. Payment is through private sources or through allocation of social security/SSI benefits with state subsidy according to level of care needed by individuals.

- 525 state-wide ARCHs - up to five placements
- 12 state-wide ARCHs - up to eight placements

Long Term Care

Community based services include home delivered meals, personal and chore services, home health care, day centers, hospice care-funded privately or by government.

Institutional care includes skilled nursing (where there is no requirement for 24-hour nursing services), intermediate care (where there is no requirement for 24-hour nursing services) and hospice (for the terminally ill).

Medicare Part A (hospital insurance/HI) pays for hospice care and skilled nursing (usually on a post-operative and post-hospitalization basis) for specified number of days.

Medicaid pays for these same services on a need basis. In addition, Medicaid pays for intermediate care which does not require the same services as those in a skilled nursing facility.

Hawaii has one of the lowest ratios of skilled nursing beds to the general population.

- 41 facilities providing long term care beds are as follows: skilled nursing; intermediate care; skilled nursing/intermediate care; acute/skilled nursing ("swing beds")
- 3,533 total number of beds
- 1,151 total number of bed being developed
- 35% of beds proprietary
- 39% of beds non-proprietary
- 26% of beds government operated
- 45% of beds are hospital based
- 98% overall occupancy rate

In addition to these long term care beds for the elderly and disabled, there are 254 specialty care beds (psychiatric, tuberculosis, mentally retarded, and others).

Health Care Costs

Health care costs are born privately (business, unions, individuals) and publicly (federal, state, county governments). Private payments come in the form of individually purchased plans; individual responsibility for co-payments and deductibles, premium payments, or non-coverage; taxes on government programs, such as Medicare Part A.

Public payments come from federal government general funds as in the case of Medicare Part B (Medical Insurance/MI); veterans and armed forces health care; public health programs; Native Americans/Hawaiians; etc.

Medicaid is a state/federal government matching entitlement program for the poor. Federal reimbursement is determined by a formula that compares a state's per capita income level with the national average-the Federal Medical Assistance Percentage (FMAP). The FMAP cannot be lower than 50% nor greater than 83%. Under this formula, states with high per capita income receive lower reimbursement than states which have low per capita income.

Hawaii, with high per capita income, received only 50% reimbursement for Fiscal years '94, '95, '96, while Mississippi, with low per capita income, received for the same years reimbursements of 78.85%, 78.58%, and 78.07%, respectively.

- Medicare Part A: 37 million beneficiaries nationwide (4 million disabled)
- Medicare Part B: several thousand fewer than Part A since this is a voluntary program.
- Medicare Parts A & B: 133,000 beneficiaries in Hawaii
- Medicaid: 33 million recipients nationwide
- Medicaid: 156,000 recipients in Hawaii

The Board of Trustees of the Medicare Trust Funds report that in 1995 taxes for Part A were insufficient to cover costs and that if nothing is done, the trust fund balance of \$130 billion will be depleted by 2001. It calculates that the present payroll tax of 2.9% would have to be increased to 7.42% immediately to avoid a large deficit anticipated in 2070.

- About half of Medicare costs are incurred during the last 60 days of life and about 40% in the last 30 days, with hospital costs accounting for more than 70% of the expenditures for descendants.
- \$271,777,919 spent by Hawaii in FY 95 for nursing home and medical services for the aged, blind and disabled.
- \$123,663,876 or 46%, were for nursing home care for 6,821 individuals

General References

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Editor's Note:

Ah Quon McElrath, a retired social worker with ILWU Local 142 which has pioneered in health care for Hawaii's workers and families through collective bargaining and political action, is a member of the Board of Regents of the University of Hawaii. She has also been one of the founders of the Committee on Welfare Concerns, a 10-year old coalition of individuals and representatives of non-profit organization which works with and on behalf of individuals and families who receive public assistance.

Her energy is boundless! She organized an Ad Hoc committee on dealing with Death with Dignity a year ago and is the driving force of this very important group of people. Mahalo Ah Quon.